

Bodicote House, Bodicote, Banbury, Oxfordshire, OX15 4AA

Telephone: 01295 227006 Website: <u>www.cherwell.qov.uk</u> Email: planning@cherwell-dc.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

| 1. Applicant Name and Address | | 2. Agent Name and Address |
|-------------------------------|---------------------|---------------------------|
| Title: | First name: | Title: First name: |
| Last name: | | Last name: |
| Company (optional): | | Company (optional): |
| Unit: | House House suffix: | Unit: House House suffix: |
| House name: | | House name: |
| Address 1: | | Address 1: |
| Address 2: | | Address 2: |
| Address 3: | | Address 3: |
| Town: | | Town: |
| County: | | County: |
| Country: | | Country: |
| Postcode: | | Postcode: |

| 3. Site Address Details | 4. Pre-application Advice | | | | |
|---|--|--|--|--|--|
| Please provide the full postal address of the application s | I authority about this application? | | | | |
| Unit: House House suffix: | | | | | |
| House name: | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this | | | | |
| Address 1: | application more efficiently). Please tick if the full contact details are not | | | | |
| Address 2: | known, and then complete as much as possible: | | | | |
| Address 3: | | | | | |
| Town: | Reference: | | | | |
| County: | | | | | |
| Postcode (optional): | Date (DD/MM/YYYY): | | | | |
| Description of location or a grid reference. (must be completed if postcode is not known): | (must be pre-application submission) Details of pre-application advice received? | | | | |
| Easting: Northing: | | | | | |
| Description: | | | | | |
| | | | | | |
| | | | | | |
| 5. Description Of Your Proposal | | | | | |
| Please provide a description of the approved developme | ent as shown on the decision letter, including the application reference number | | | | |
| and date of decision in the sections below: | | | | | |
| | | | | | |
| | | | | | |
| Reference number: Date o | of decision: (Date must be pre-application submission) (DD/MM/YYYY) | | | | |
| Please state the condition number(s) to which this applie | | | | | |
| 1. | 6. | | | | |
| 2. | 7. | | | | |
| 3. | 8. | | | | |
| 4. | 9. | | | | |
| 5. | 10. | | | | |
| Has the development already started? | | | | | |
| If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission) | | | | | |
| Has the development been completed? | | | | | |
| If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission) | | | | | |
| 6. Discharge Of Condition | | | | | |
| Please provide a full description and/or list of the materi | als/details that are being submitted for approval: | | | | |
| | | | | | |
| | | | | | |
| 7. Part Discharge Of Condition(s) | | | | | |
| Are you seeking to discharge only part of a condition? | | | | | |
| If Yes, please indicate which part of the condition your application relates to: | | | | | |
| | | | | | |
| | | | | | |

| 8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted. | | | |
|---|--|--|--|
| | original and 3 copies of other plans and drawings formation necessary to describe the subject of the application: \Box | | |
| The correct fee: | | | |
| 9. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent: | | | |
| | | | |
| Date (DD/MM/YYYY): (date cannot be pre-application) | | | |
| 10. Applicant Contact Details | 11. Agent Contact Details | | |
| Telephone numbers Extension number: Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Image: Country code image: Country country code image: Country c | Telephone numbers Extension number: Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): | | |
| 12. Site Visit Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) If Other has been selected, please provide: Contact name: Email address: | r other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number: | | |